HLA/IMMU	NOGENETICS LA Please fill out only or		REQUEST FORM	HLA Req 11/21	
Atrium Health Wake Forest Baptist	Date:  Medical Record #:		Location:		
HLA/Immunogenetics Laboratory 145 Kimel Park Drive, Suite 250	Name:				
Winston-Salem, NC 27103 PHONE: (336) 716-4456 FAX: (336) 774-7665	Address:				
11111 (550) 111 1005	Race: S Information belo	ex: w is REOUIR	DOB:		
ORDERING PHYSICIAN	Collection Info			ICD 10 CODE	
(please print)	Conection init	oi mation	DIAGNOSIS or	ICD-10 CODE	
	Date:				
LAST FIRST					
DR. #: PAGER:	Collection Time:				
COORDINATOR:	Phlebotomist:				
HLA TEST(S): Check appropriate box(es)					
SOLID ORGA		BONE MARROW & OTHERS			
☐ KIDNEY ☐ KIDNEY/PANCREAS ☐ HEART		Bone Marro STEM CEL	W/ LEMIELLI	OTHER Please specify:	
TEST TUBE TYPE*		TEST		TUBE TYPE*	
☐ <u>HLA TYPING FOR SOLID ORGA</u>	☐ HLA TYP	☐ <u>HLA TYPING FOR BM/STEM CELL – PATIENT</u>			
Testing includes:	Patient type Autologous Allogeneic Testing includes:				

☐ KIDNEY ☐ KIDNEY/PANCREAS ☐ HEART	Bone Marrow/ PLATELET OTHER Please STEM CELL SUPPORT specify:		
TEST TUBE TYPE*	TEST TUBE TYPE*		
☐ HLA TYPING FOR SOLID ORGAN – PATIENT	☐ HLA TYPING FOR BM/STEM CELL – PATIENT		
Testing includes:  HLA-A, -B, -Cw, -DR &-DQ TYPING 4 - Y  AUTOCROSSMATCH & PRA (Eval. Workup only) 1 - R	Patient type Autologous Allogeneic Testing includes:  HLA-A, -B, &-C; low res. (auto) or high res. (allo.) 2 - Y  HLA-DR & -DQ TYPING high res. (allo only) 2 - Y  AUTOCROSSMATCH & PRA 1 - R		
☐ <u>HLA TYPING FOR SOLID ORGAN – DONOR</u>			
Testing includes: HLA-A, -B, -Cw, -DR &-DQ TYPING 4 – Y CROSSMATCH WITH RECIPIENT'S SERUM	☐ HLA TYPING FOR BM/STEM CELL – DONOR  Testing includes: HLA-A, -B, &-DR		
DONOR FOR:Patient Name MR#	DONOR FOR:Patient Name MR#		
RELATIONSHIP TO PT:	RELATIONSHIP TO PT:		
CROSSMATCH (post-evaluation)	CROSSMATCH (post-evaluation)		
CROSSMATCH WITH DONOR (Donor) 2 - Y (Patient) 1 - R	CROSSMATCH WITH DONOR (Donor) 2 - Y (Patient) 1 - R		
POST-SENSITIZING EVENT PRA TESTING 1 – R	PLATELET SUPPORT TESTING		
(i.e. nephrectomy, blood transfusion, etc.  Please specify	☐ HLA TYPING FOR PLATELET SUPPORT 2 - Y or L ☐ ANTI-HLA ANTIBODY TESTING (PRA) 1 - R		
Event and Date:	HLA DISEASE ASSOCIATION TESTING  HLA SINGLE or MULTI-LOCUS TESTING** 2 – Y or L		
☐ APOL1 GENOTYPING 2 - Y or L	Requested locus/loci** If more than one locus requested a full class Lar II turing will be performed.		